ATTACHMENT D PART 1

CHAPTER IV: DENTAL SERVICES

Section 1. Mission

The mission of the dental service is to stabilize and maintain the inmate population's oral health. Essential dental care is to be provided to inmates by professional staff, who make every effort to provide quality care consistent with professional standards to the greatest number of patients within available resources.

Section 2. Standard

A continuing effort is to be made to meet the standards of the American Correctional Association and the American Dental Association for patient care. In addition, dental clinics with HSUs accredited by JCAHO are to meet its applicable standards.

Section 3. Organization

Dental services are under the general supervision of a designated health care authority pursuant to written agreement, contract, or job description.

a. Chief Dentist. The Bureau's dental programs are under the direction of the Bureau's Chief Dentist, who is appointed by the Medical Director. The Chief Dentist establishes national program goals, sets objectives for providing professional and administrative direction to Bureau dental programs, and recruits qualified dentists and auxiliary personnel. The Chief Dentist represents the Bureau's dental services as necessary with other government agencies or professional groups. A Deputy Chief Dentist is appointed by the Medical Director to assist the Chief Dentist, and shall be a field dental officer with collateral duties in a Bureau institution.

b. Regional Dental Services. The Chief Dentist, in concert with the Regional Directors and the Medical Director, appoints a Regional Dental Consultant (RDC) for each region. The RDC provides professional direction for institutional staff in that region and for the RHSA. The RDC serves as a field liaison in areas of recruitment, clinic construction, quality management, and program/focus reviews. The RDC's duties are collateral with institutional responsibilities.

c. Institutional Dental Services. The Chief Dentist shall delegate authority for directing the Dental Service Unit to a Chief Dental Officer (CDO). The Chief Dentist is the granting authority for privileges for the CDOs. The Chief Dentist redelegates to the CDO the authority to grant dental privileges to dental staff and consultants. Any staff providing dental

treatment must be properly credentialed (verified) and have a signed privilege statement. The CDO is under the clinical supervision of the institution CD, and supervises all dental staff.

d. Dental Staffing. All staff shall be offered the Hepatitis B vaccine. Institutional dental service units that do not have an assigned dentist for extended periods shall notify the Chief Dentist.

(1) Dentist. Every effort shall be made to assign Dentists to institutions in accordance with Bureau staffing guidelines.

(2) Auxiliary Personnel. Auxiliary personnel are essential to an efficient dental services unit. Without them, dentists are forced to devote a great deal of time to performing tasks that could be delegated. The presence of auxiliary staff also increases security and program oversight, and maintains program continuity.

A properly credentialed (verified) and licensed dental hygienist with a signed privilege statement may provide hygiene and other dental services (within the scope of training and as assigned by the CDOs) in the absence of a dentist if a physician or PA/NP is present in the HSU in which the dental clinic is located. Auxiliary staff should be assigned to the dental services unit in accordance with Bureau staffing guidelines.

(3) Contract Dental Services. Contracts may be used to meet immediate, short-term staffing needs for dentists, dental assistants, and hygienists. If the staffing needs prove to be long-term, the CDO should actively pursue securing the necessary positions. Contract staff are to be offered the Hepatitis B Vaccine. Arrangements for specialty care providers who are used on a routine basis shall be made in advance of treatment.

(4) COSTEP/Student Interns. Local institutions may employ students who have entered into an agreement with PHS's Commissioned Officers Student Extern Program (COSTEP) for short-term engagements.

Institutions may establish training agreements with local professional schools for using student interns in various capacities. The agreement must be a written contract subject to annual review. A copy is to be forwarded to the Bureau Chief Dentist for professional review prior to starting the program.

(5) Inmate Workers. Staffing with inmates is to be implemented only after every effort has been made to hire civilian dental assistants. Using inmates as clinical workers is marginally acceptable. It severely limits delegation of staff duties and places an additional correctional responsibility on dental staff. In accordance with ACA standards and Bureau policy, inmates cannot perform direct patient care.

Inmates who are assigned to work in the Dental Clinic must be serologically tested for the Hepatitis B antigen. Inmates can work as chairside assistants only when enrolled in or after having completed a Department of Labor-approved Apprenticeship Training Program.

Inmates may be used as orderlies, infection control technicians, or dental laboratory technicians without being enrolled in the apprenticeship training program. They shall receive training consistent with OSHA guidelines. Inmates who are dentists are not allowed to work in the dental clinic in any capacity.

Inmates who have been diagnosed as Hepatitis B chronic carriers or as HIV positive may not work in the dental services unit in any capacity. Inmate workers are to be offered the Hepatitis B vaccination (see the current policy on Bloodborne Pathogens).

The CDO is also responsible for attending to the correctional and administrative functions associated with any inmate workers, such as their supervision, work performance rating, and extra good time and vacation time recommendations. See the HSA for help. The CDO is also responsible for implementing an apprenticeship training program if inmates are used as assistants.

Section 4. Dental Clinic Administrative Procedures

All staff must be knowledgeable of and adhere to Bureau policy at all times. A working knowledge of the total Health Services Manual will facilitate any interactions with the Health Services Unit. Any questions concerning policy should be addressed to the Health Services Administrator; institutional Executive Staff; Regional Dental Consultant; Deputy Chief Dentist; or the Chief Dentist. Institutional supplements are located in the Warden's office and are available for review. An annual review of the institution's emergency plans is required. The Chief Dental Officer should review and provide input into the writing of the local supplement on dental health care. The CDO should review the inmate's handbook to insure that information about the dental clinic is current.

a. Staffing. The Chief Dental Officer should be knowledgeable about both the OPM and the U. S. Public Health Service personnel systems. Staffing guidelines for the dental clinic have been established. The positions to fill these guidelines is allocated by the institution's Chief Executive Officer (Warden) based upon requests justifying the need for staffing positions. It is, therefore, incumbent upon the CDO to provide justification for the need for dental staff to the HSA and the institutions chief executive staff. Contract staff may be hired to fill immediate, short term, staffing needs.

Dental intern programs such a COSTEP or programs with local dental or hygiene schools can also be established. The HSA can assist in this processes.

Staff management is an important aspect of the CDO's job. Time and effort spent in this area will lead to a higher quantity and quality of dentistry being accomplished. The dental staff needs

to be visible in the institution. Networking with other institution staff can help prevent communication problems and help other staff realize the goals of the dental program.

b. Personnel Actions. Bureau policy requires that a performance log be maintained on each employee in the dental clinic. The log outlines the performance elements and standards for each position. These standards communicate to the employee requirements and goals which are expected to be accomplished. The HSA or the Human Resources Department can provide information and assistance. The CDO will usually be rated by the CD and reviewed by the appropriate AW. The Regional Dental Consultants are available for consultation. At multiple dentist facilities, the CDO is typically responsible for staff personnel matters such as career guidance, personnel evaluations, and nominations for any awards.

The HSA serves as the personnel officer for USPHS officers. He/she maintains all personnel actions, annual leave and sick leave records. A current Commission Corps Personnel Manual is maintained in the HSA's office. All USPHS employees should be familiar with this manual. Additional information can be obtained from the USPHS Personnel Liaison Officer in the Central Office. Civil service employees can obtain personnel information from the institution's Human Resources Department.

c. Practice Privileges. The Chief Dentist grants practice privileges to the CDO. The CDO grants dental privileges to the dental staff. Also, if the CDO chooses to do so, he/she may grant privileges to the medical staff if documented training is provided to justify such privileges. The HSA will assist in obtaining the privilege statements for physician assistants and nurse practitioners. The extent of privileges granted will depend upon the education and experience of the practitioner and the institution's need. For examples of dental Privilege Statements and Qualification Briefs see Attachments IV-A, IV-B, IV-C, and IV-D.

d. Position Descriptions and Billet Descriptions. A copy of an appropriate position description (GS) or a billet description (PHS) is maintained in each dental staff employee's personnel file. Copies of examples of position and billet descriptions are available from the Chief Dentist.

e. Training. It is essential that dental staff maintain and advance their professional skills and correctional knowledge. The institution's Employee Development Manager assists staff to achieve training needs. USPHS officers should update their curriculum vitae as they complete training or advanced degree programs. Staff should notify the Employee Development Office well in advance of courses they plan to attend. Funding is

governed by allocated funding. Refer to Chapter I, Section 13 of the HSM for CPE information. A Professional Video Library is available at FMC Fort Worth. A telephone call or memo secures a selection.

f. Procurement

(1) **Supplies**: Procurement regulations require that government sources (DOD, VA) be the first sources for purchasing dental supplies. Private companies with GSA contracts are the preferred second source. The third source is an open market purchase of items not available from the first two sources or for emergency needs. The CDO should contact Financial Management for approved contract suppliers. Regularly used items can be placed on a Recurring Items Specification Form BP 144(34) and provided to Financial Management.

The HSA is the Cost Center Manager for Medical Services. Health care supplies, including dental supplies, are ordered from cost center B350. The cost for dental care consultants outside the institution provide is allocated to cost center B325.

Purchases are initiated on a Request for Purchase form. To minimize the number of purchases, a quarterly ordering system is helpful. Each purchase order issued should request the vendor to supply any appropriate MSDS sheets. Current Federal Supply Schedule Catalogs can be obtained from the various dental vendors.

(2) **Major Equipment**: To assist in the purchase of major equipment, the CDO should maintain and update annually a major equipment inventory which lists all dental equipment, its value, the acquisition date, the projected replacement date, and the estimated replacement cost. The CDO is usually the Property Accountability Officer and responsible for all major equipment in the dental clinic with a Federal Prison System (FPS) numbered label. An equipment preventive maintenance program is essential to insure that all equipment is working properly and safely. The HSA should be notified immediately of any equipment in need of repair or replacement.

It is important to anticipate and plan for major equipment purchases. To purchase new or replacement major equipment, the CDO utilizes the institution's strategic planning process. The CDO must identify and justify dental equipment needs. The HSA will present these needs to the executive staff to be prioritized with the rest of the institutions requested needs. Consult with the HSA about equipment needs. Early inclusion in the strategic planning process in important.

(3) **Inventory**: A clean and well organized store room is important. An accurate supply inventory can be maintained on stock record cards HEW-46 or BP-S109, or a computerized program. Bulk needle storage is to be maintained in the pharmacy.

g. Record Management

(1) **The Health Services Record:** The Health Services Record is a legal document and must be treated as such. Confidentiality is essential. No inmate shall have access to this record.

Inmates working in the dental clinic as chairside assistants and who are enrolled in or have completed the Dental Assistant Apprenticeship Program are allowed to do the charting during an examination only on a blank BP-S618.060 form that is separated from the Health Services Record. Any confidential information being discussed with a patient should be done in a private setting.

Section 3 of the Health Services Record is designated for all dental forms except the Medical Report of Duty Status Form (IHS-131); SF 88, if section 44 is utilized for an abbreviated screening examination; and Inmate Request to Staff Forms. These forms are to be filed in the proper area of the Health Services Record. All records should be returned to the Health Records Department by the end of the workday.

(2) **Documentation**: All Health Services Record forms generated at the institution must include the institution's name, the patient's name and number, and all entries must be dated and timed. Entries must be legible, accurate, complete, and signed and stamped. At no time should important information be left out of the record nor should information be obliterated from the record so that in cannot be read; this suggests tampering. A neat line should be drawn through the incorrect information and initialed. The correct information should then be properly entered.

(3) **Release of Information**: The release of information from the Health Services Record to an inmate is governed by Bureau policy as it relates to the Freedom of Information Act and the Privacy Act. If there is a request for information from the dental section, refer the patient to the HSA. Do not personally release any information from the Health Services Record unless specifically authorized to do so.

h. Standard Forms

(1) Treatment Records

(a) **BP-S618.060**. The basic Bureau dental treatment form (Clinical Dental Record). This form is initiated at each screening exam. When initiating treatment on transferred inmates and during the course of treatment, a new BP-S618.060 shall be generated, if new charting is indicated.

(b) **HSA 237**. This Continuation of Dental Treatment Record is to be used after the BP-S618.060's documentation area is full and additional documentation is required.

(c) **SF 88**. Section 44 of this form may be used to do

the dental screening as detailed in Section 5 of this Chapter. It is filed in section 2 of the Health Services Record.

(2) **Dental/Medical Health History Form.** Documentation that the health history was reviewed is an essential part of the comprehensive exam.

(a) **Dental/Medical Health History.** A bilingual health history form.

(b) **SF 360.** Found in Section 2 of the Health Services Record.

(3) **Consent Form.** Informed Consent for Oral and Maxillofacial Surgery. A bilingual form to be completed and explained prior to any surgical procedure.

(4) **SF 513.** This consultation form is to be utilized when seeking opinions about an inmate's health condition from other medical or dental practitioners. When completed, it is filed in Section 3 of the Health Services Record.

(5) **SF 515.** This pathology form or an applicable contract laboratory form should be utilized when specimens are submitted for microscopic examination. The completed form is to be filed in Section 3 of the Health Services Record. A copy of the information is to be forwarded to the chairperson of the institution's Tissue Committee.

(6) **BP-S383.** This is a Correctional Services department form to be utilized when disposing of any inmate's prosthetics which is made of gold.

(7) **HRSA-131 Medical Report of Duty Status.** This form is utilized when changing the medical duty status of the patient. It is to be filed in Section 5 of the Health Services Record.

(8) **Inmate Request to Staff.** This form is utilized by inmates to request access to dental treatment. It is filed in Section 6 of the Health Services Record.

i. Performance Improvement (PI). Each institution's Dental Services Unit shall participate in the HSU Performance Improvement Program. The program shall be consistent with JCAHO guidelines and designed to meet the JCAHO audit standards.

The program incorporates chart reviews of the dental section of the Health Services Record and/or a monitoring of clinical functions as a systematic way to solve problems, to identify opportunities to improve situations before problems occur, to improve the outcome of care provided, and a means to validate the quality of the care provided.

It is acceptable to establish an additional PI program at an institution, and the CDO is encouraged to do so. Try to develop guidelines using outcome based models.

All PI reports are to be maintained for Program Review.

j. Hazardous Communication Program. A written Hazard Communication Program is mandated by the OSHA Communication Standard, Title 29, Code of Federal Regulations 1910.1200. Under this program, each employee will be informed of the contents of the Hazard Communication Standard, hazardous properties of substances in the Dental Services Unit, the handling procedures and measures to take to protect oneself from these substances. All such substances will be properly labeled and have an Material Safety Data Sheet available in the clinic. All flammable liquids are to be properly stored and logged. The clinic's regulated waste will be removed daily according to policy. Contact the HSA and Safety Manager for information about compliance with the Hazard Communication Program.

k. Infection Control Program. Each Dental Services Unit is to have an ongoing Infection Control Program following the current CDC and OSHA guidelines. All patients and their blood and body fluids will be treated as potentially infectious, in order to help prevent the transmission of blood-borne infections such as HIV or hepatitis. All dental clinic staff shall adhere to the blood and body fluid guidelines in Attachment IV-G.

l. Data Management. The daily collection of clinic practice data is an essential duty of every practitioner. The data is to be collected on the Daily Dental Treatment Log and the Monthly Dental Treatment Log. It will assist all levels of management to assess trends in patient pathology, clinic efficiency, practitioner productivity, and staffing needs.

The BP-DEN-1, Data Management Report, is designed for this use. (See Attachment IV-H). It can be utilized to analyze such management trends as the average number of patients seen per day, the average number of procedures accomplished per appointment, a bureau production index, and the percentage of failed appointments.

Each practitioner will complete a DAILY WORKSHEET (Attachment IV-I). This log will reflect the procedures accomplished and these logs will be maintained indefinitely. These statistics will be transferred to the MONTHLY WORKSHEET which are later utilized to prepare the BP-DEN-1 MANAGEMENT REPORT.

BP-DEN-1 (Quarterly Report - October 1, January 1, April 1, July 1). This information should be submitted by the 15th of the month indicated via SENTRY to the Regional Dental Consultant, and Chief Dentist.

This statistical information can be utilized to help secure more dental staff positions, to justify the purchase of

equipment and to promote the need for continuing professional education.

m. Security. The correctional responsibilities of the dental staff are paramount and maintaining a secure environment is essential. Every staff member must be fully knowledgeable of correctional policies and local procedures. Implementation of these policies and procedures are of utmost importance. The dental clinic presents several areas of security concerns including oversight of inmates, records, instruments, needles, hazardous materials, and computers. These concerns must be addressed in the clinic's security policy. Please consult with the institution Chief Correctional Supervisor, Tool Control Officer, and Safety Manager for assistance in developing the security measures in the Dental Clinic. For examples of Dental Clinic security policies and procedures refer to Attachments IV-J and IV-K.

n. Facility Management. A clean and properly functioning dental clinic is essential in providing a high quality and quantity of dentistry in a safe and timely manner. The CDO is responsible for seeing that the dental facilities are maintained at a high standard of sanitation and that each piece of equipment is working properly. Daily maintenance is the responsibility of the dental staff. A work order file should be maintained and a notebook developed for operations manuals for the clinics equipment. Each Dental Services Unit should maintain all warranty and maintenance information of all dental equipment, including handpieces. Each CDO is responsible to insure that the dental clinic equipment is included in the Health Services Unit preventive maintenance program.

Maintenance/service logs should be maintained on the compressor, autoclaves, evacuation, chairs, units and the x-ray equipment to insure regular service and avoid breakdowns. The x-ray units should be inspected and calibrated according to policy.

Excessive inventory should be properly stored and/or surveyed. The HSA can assist to get equipment repaired and to survey any unrepairable or obsolete equipment. The CDO should maintain a major equipment list so that new equipment can be purchased in an
anticipated, strategic manner. It is important to plan major equipment needs in advance. Work with the HSA to insure that major equipment needs are included in the institution's strategic planning process. Minor equipment is purchased out of the B350 budget.

o. Inmate Dental Assistant Apprenticeship Program. The use of inmates as chairside assistants is an accepted practice at some institutions. However, staffing with inmates should be implemented only after every effort has been made to hire civilian dental assistants. Because of security constraints and

professional standards of care, staff assistants can perform many tasks which inmate assistants cannot. Using inmates as assistants limits delegation of staff duties and places an additional correctional responsibility on dental staff. Inmates cannot perform direct patient care. Before using inmate dental assistants, permission must be obtained through HSA/supervisory staff.

Inmates can work as chairside assistants only when enrolled in or after having completed a U.S. Department of Labor-approved Apprenticeship Training Program. Dental clinics can develop their own programs or use a program developed through an agreement between the U.S. Department of Labor (DOL) and the Bureau.

After getting approval from the institution, inform the Supervisor of Education that an apprenticeship program will begin. Next, contact the nearest DOL Representative in the area. to assist in preparing the agreement form and answering any questions.

The program will also require the purchase of a textbook, the fourth edition of:

Essentials of Clinical Dental Assisting
by: Joseph E. Chasteen
Available from: C.V. Mosby Company
11830 Westline Industrial Drive
St. Louis, Missouri 63146
1-(800)426-4545 or
(314) 872-8370

The training program consists of two parts:

(1) Related Theory and Education Schedule: This is the didactic aspect of the program.

(2) Trade Schedule: This is on-the-job training and practical application.

The program is relatively easy to monitor and the DOL representatives are very helpful and cooperative. For the complete package of Dental Assistant Apprenticeship Program materials, contact the Chief Dentist.

p. Precious Metal Removal. Precious metal (gold) which is removed from the patient's mouth is to be placed in an envelope and marked with the patient's name, number, date, and description of the item. Form BP-S383 is to be used. The disinfected item and form is to be taken to the ISM department for disposition as the inmate's personal property. A copy is to be placed in the Section 3 (dental section) of the health record.

q. SENTRY Guidelines. SENTRY is the on-line information system the Bureau of Prisons uses to provide most of its operational and informational requirements. SENTRY is not an acronym, but is the generic name of the system. The system currently encompasses inmate data, property management

information, a legal references system, and a Bureau-wide electronic mail system. The Dental Services will use SENTRY to place inmates on call-out (future assignments), retrieve necessary inmate information (inmate profile), send or receive

electronic messages, and send in quarterly statistics report (BP-DEN-1). Each Chief Dental Officer has a SENTRY mailbox titled (CDO). The CDO should access and check his/her mailbox daily.

Section 5. Dental Clinic Treatment Procedures

a. Oral Health Education. Personal oral hygiene is an essential component in maintaining good dental and general health. As health care providers, staff are responsible for the recognition, diagnosis, and documentation of oral disease, and for providing the information necessary for self-care and prevention. It is important that this information be provided as early in an inmate's incarceration as possible.

(1) The initial screening exam, the comprehensive exam, and follow-up treatment includes as assessment of caries pathology and of the periodontal status, the later based upon the Community Periodontal Index of Treatment Needs (CPITN). These Findings must be documented on the front of the patient record (BP-S521.060). Inmates should be fully informed of their oral disease/health status and provided with information on prevention, self-care, and treatment options.

(2) Areas of instruction should include the following:

(a) Patient education: an elementary understanding by the patient on the nature of the disease processes and the relationship of dental plaque to their development and progress. It is important that the inmate be aware of the personal responsibility for the condition of his/her mouth and to understand that successful continuation of treatment will be dependent upon the response to self-help suggestions.

(b) Brushing: technique, type of brush, frequency.

(c) Flossing: technique, type of floss, frequency.

(d) Other oral hygiene aids

(e) Diet and Nutrition: relationship of plaque formation and dental pathology to the intake of simple carbohydrates and the frequency of intake, and the importance of a balanced diet high in complex carbohydrates and fruits and vegetables.

(3) Oral hygiene should be observed and techniques

reviewed as necessary on subsequent appointments.

(4) Inmates are required to demonstrate that they are practicing adequate and proper oral hygiene prior to the delivery of elective care. The treating dentist may discontinue care at any time if it becomes apparent that the patient is not practicing proper oral hygiene.

(5) The CDO will make an ongoing effort to assure that the institution has available suitable toothbrushes and an ADA accepted fluoride dentifrice.

(6) The CDO should take advantage of every opportunity to provide oral health and hygiene information to the institution population (e.g., pamphlets, booklets, A&O orientation, etc.).

b. Dental Examinations (see Section 7 of this Chapter). The inmate shall be informed of his/her oral health status and instructed on how to access treatment. Oral health education information should be made available at this time.

The means of accomplishing this policy may vary from screening exams done on a daily basis to screening exams done on an allocated one day a week basis. It is often most expeditiously done at the same time medical has them in the clinic for their portion of the exam.

Some practitioners find it desirable to do a periodic exam on inmates recently transferred to their institution. In this instance, the Daily Treatment Log should reflect a dental Exam/Periodic and not a screening exam.

This examination is to be done on those inmates who have never received a screening exam. The examination shall include a head/neck and soft tissue exam. The CPITN assessment, DMF rate information, and treatment plan are unnecessary for this exam. If definitive treatment is ever provided, a BP-S618.060 must be initiated, including charting. A review of the patient's health history must also be documented. This exam is to be entered on the Daily Treatment Log under Exam/Mod Screening.

(1) **Comprehensive Examination**. This examination shall be provided prior to providing routine treatment and is a thorough and complete visual and tactile exam. It is to include a health history review, a complete CPITN, necessary radiographs, charting if indicated, review of the screening exam findings, and necessary laboratory tests. Oral health education is essential and must be documented.

This exam is to be completed at the first appointment in the comprehensive care process. The exam is consistent with professional standards of care and enables the practitioner to develop and document a treatment plan to provide effective and quality care. If at any time the practitioner determines that a new charting is necessary, a new BP-S618.060 should be initiated. This exam in recorded on the Daily Treatment Log under Exam/Comprehensive.

(2) **Periodic Examination**. This examination should include a visual and tactile examination of the hard and soft tissues, an updated charting, a CPITN, and radiographs if necessary. A periodic exam is typically provided after the comprehensive exam and recorded on the Daily Treatment Log under Exam/Periodic.

(3) **Community Periodontal Index of Treatment Needs.** The initial screening examination on sentenced/delegated inmates, the comprehensive examination, and the periodic oral examination will include an assessment of periodontal status based upon the Community Periodontal Index of Treatment Needs (CPITN).

The CPITN is an assessment tool to determine the periodontal health status and treatment need of an inmate or the general inmate population. Inmates should be fully informed of their periodontal status and provided with information of prevention, self-care, and treatment options. The following pages provide information on the use of CPITN. The WHO probe can be purchased from the following sources:

Brasseler USA
800 King George Blvd.
Savannah, Georgia 31419
1-800-841-4522
WHO Probe

Henry Schein, Inc.
5 Harbor Park Drive
Port Washington, NY 11050
1-800-372-4346
WHO Probe

c. Dental Treatment

(1) **Urgent/Emergency.** Urgent dental care shall be available to all inmates on a 24-hour basis.

(a) Urgent dental care is of the highest priority and shall be provided at sick call unless urgency dictates otherwise. If emergencies occur during the regular workday, procedures must be in place to respond. Typically, the work supervisor or the staff accountable for the inmate calls the dental clinic to report the complaint. The dental staff triage the complaint and provide necessary instructions or access to indicated care. After hours emergency dental care is usually provided by the appropriate medical staff on duty. Documented staff training on dental emergencies and treatment modalities is recommended. Procedures should be in place to insure that these cases are reported to the dental clinic at the earliest opportunity. If immediate referral to the dentist is necessary, the medical staff should contact the Chief Dental Officer or the Staff Dentist.

(b) Dental sick call is usually provided at a set time every day, Monday - Friday and/or as detailed in the Institution Supplement on Dental Procedures.

(c) Inmates in segregation, special housing, or jail units must have access to dental sick call and urgent care only. Usually the medical staff assigned to these areas in the morning records the complaints and gives the information to the dental staff for triaging. These procedures must be spelled out in the institution supplement.

(d) All dental sick call appointments will be documented using the "SOAP" format.

Subjective findings: Symptoms described by patient

Objective findings: Results of the clinical exam, radiographs, or tests

Assessment: Provisional diagnosis

Plan: Treatment rendered

Institution Supplement. Copies of Institution Supplements outlining the dental treatment procedures should be kept in the Dental Clinic.

(2) **Routine Dental Treatment.** The Bureau shall provide access to routine dental care for sentenced inmates, as resources of staff, time, and materials are available and commensurate with the inmate's ability to maintain good oral health.

(a) Routine dental treatment is elective and an inmate may request this care through the institution's inmate request to staff procedure or dental staff may place the inmate on the treatment list.

(b) Access to care must be equitably controlled and the use of treatment list is the most common method. Treatment lists
are to be overseen by the dental staff and are to be maintained in the dental clinic. The list may be kept on SENTRY or on a computer program. Inmates will not be involved in the maintenance of the list or scheduling process.

(c) Inmates on the routine treatment list should be called according to their chronological entry date unless there are health or administrative reasons to establish other priorities.

(d) Inmates failing to appear for a scheduled appointment should be perceived as a risk to institution security. The Failed Appointment Rate should be monitored and acted upon, especially if it exceeds 10 percent quarterly.

(e) Routine care is to be initiated by a comprehensive exam to include a review of the screening exam; a charting update, if indicated; complete CPITN; necessary radiographs; medical health history review; development of a treatment plan; and oral health education. Planning patient treatment prior to an appointment will help the practitioner accomplish more at each visit. Systematic scheduling of the patient will help reduce the failed appointment rate.

(f) Inmates in segregation, special housing or jail units shall not be provided routine dental care. Urgent care shall be provided until the inmate is released to the general population. Exceptions to this must be approved in advance by the Chief Dentist.

(3) **Accessory Dental Treatment.** Accessory dental treatment is not ordinarily provided to the inmate population. Approval for such care must be obtained from the Chief Dentist and the Medical Director.

(a) Accessory treatment is considered elective and extends beyond the scope of routine care. It is dentally acceptable treatment, but not dentally necessary and includes, but is not limited to, the following: orthodontic tooth movement, fixed prosthetics, dental implants, edentulous ridge augmentation, orthognathic surgery, and TMJ surgery.

(b) If the CDO determines that such treatment may be warranted, approval must be obtained from the Chief Dentist and the Medical Director, through the Warden and the Regional Director.

(4) **Consultants.** It is the responsibility of the Dental Services to provide quality dental care to the inmate population. Specialty services may be required, at times, to meet this goal.

(a) Specialty Services

(i) If the dental services require the assistance of a dental specialist, arrangements should be made through the HSA. It is advisable to have the specialty consultant provide the services at the institution, although urgency may dictate otherwise. Make every attempt to have the specialty consultant available on contract prior to any emergency needs. Payment arrangements are made by the HSA. The most common consultants utilized are the oral surgery and the dental hygienist. Consultant staff who provide treatment at the institution should be included in the clinic's Continuous Quality Improvement program and a Daily Dental Treatment Log should be established.

(ii) The dentist shall prepare a consultation sheet (SF 513) for each referral to a dentist or a specialist for specialty services. Does not include contract routine care providers.

(b) Contracts with Professional/Training Schools. Augmenting staff with student interns is acceptable. Contracts are to be renewed annually. The duties and responsibilities of each parts should be spelled out clearly and thoroughly. The HSA can assist in this. These practitioners should be included in local IP programs if they are providing direct patient care and should fill out a Daily Dental Treatment Log.

e. Dental Laboratories. Please review this section carefully. If staff have any questions, please call:

USP Lompoc	(Western Region)
FMC Lexington	(Southeast Region)
	(Mid-Atlantic Region)
USP Lewisburg	(Northeast Region)
FCI El Reno	(South Central)
FCI Oxford	(North Central)

(1) **Dental Laboratory Prescription.** A dental laboratory prescription, filled out in duplicate, **must** accompany all dental work sent to the laboratories. The white (original) and yellow slips must accompany the work. The laboratory will retain the white slip (original) and return the yellow slip with the completed procedure.

The laboratory prescription should be filled out accurately and completely (preferably typed). Please draw a detailed design of the prosthesis requested. The laboratory is authorized to refuse dental work without a fully prepared and **signed** prescription form. Use the same case number on all prescriptions pertaining to that case. Do **not** use the inmate's name or number on the prescription. The proper procedure is as follows:

(2) **Records.** Obtain a bound record book from the local supply source in which to record the confidential data needed to properly identify and track prosthetic cases. This will be a staff member's personal record of cases and the only way the case
can be connected with the patient. Keep it in a secure location so that only other staff members have access to it.

Divide the page into columns labeled **"Control No.", "Name and Number", "Case Type", "Date of Rx", and "Date Returned".** See sample prescriptions in the appendix of this section. When writing a prescription for a prosthetics case, fill in the **"Name of Submitting Facility, State"** and **"Date Initiated"** spaces; fill in the **"Age"** space if desired. Leave the **"Patient's Last Name First Name"** and **"Register Number"** spaces blank. Record this information in the record book. Record the pre-printed **"Control Number"** in the record book. Leave the **"Case No."** space blank. (The laboratory will assign this number to the case.)

Write the **"Control Number"** on the bottom of a model with indelible pencil. This prevents confusion at the lab with mixed up cases during the disinfection process. Fill out the rest of the prescription as indicated above, being certain to sign in the **"Signature"** space and type or print the staff member's name

in the **"Name"** space. When the case is returned for subsequent steps, write a new prescription, recording the same data in the record book transferring the **"Case No."** to the new prescription. This will allow the lab to provide continuity with that case through to its conclusion.

A patient transferring to another institution can be located on **SENTRY** and the case sent to the CDO at that institution, identifying the inmate by including the PP44 form along with the prescriptions and any comments or information in the container with the models. The laboratories will return the case to the dentist originating the most recent prescription.

When the case is completed and delivered, enter the name and register number on all the prescriptions and enter them in the Health Record.

Additional dental prescription forms will be sent upon request. The laboratory will complete the reverse side of the form.

(3) **Consultation Request.** The dentists and staff technicians at the Regional Dental Laboratories are available for consultation for difficult cases. If a consultation is desired, check "consult" on the prescription form and include all pertinent information under "Instructions and comments." Full mouth x-rays and study casts should accompany the request.

(4) **Guidelines for Dental Work Submitted.**

(a) **Dental Casts.** All landmarks must be included (1/4 inch beyond the retromolar pad and hamular notch). The bases of the casts should be about 3/4 inch thick. Casts should be neatly trimmed, bubble-free, and sharp in detail. Patient's control number, date, and institution should be printed on the bottom of the cast.

(b) **Jaw Relations Record.** A technique must be used which will permit separation of occlusal rims for shipment and positive re-assembly at the laboratory. Dental stone, compound, polyether, self-curing acrylic, and ZNOE seem to work the best. Dental waxes may distort. A "mush bite" occlusal registration is <u>not acceptable</u>.

If the casts can be unmistakably related by means of positive tooth stops, no interocclusal record is required. Vertical lines (witness lines) which pass unbroken from maxillary to mandibular tooth surfaces in three widely separated parts of the casts should be included on Your casts.

(c) **Complete Dentures**

(i) Casts. All final impressions should be boxed and trimmed properly. Casts should be bubble-free. Please scrape or have postdam in position because this is not a laboratory procedure. Print the patient's

control number, date, and institution on the bottom of all casts.

(ii) Wax Rims. Adjust for lip length and lip support, mark the mid-line and smile lines.

(iii) Tooth Selection. Dentists should choose mold and shade of teeth. Mold and shade requests should be consistent with tooth stocks of supporting laboratory to avoid the need for conversion. In addition to the mold, a type form of the face should be provided to facilitate mold conversion (utilize the mold data on the prescription form).

(d) **Immediate Dentures.** Please send detailed instructions for trimming the cast(s). A diagnostic cast which has been trimmed would serve as a good example.

(e) **Removable Partial Dentures**

(i) In the majority of cases the most successful partial dentures are those which use cast metal frameworks. However situations arise where an all-acrylic RPD, with or without clasps is indicated. These can be fabricated but should not be prescribed in lieu of a cast RPD unless there are overriding indications.

(ii) **Before proceeding with prosthodontic treatment, all periodontal and restorative treatment must be completed.**

(iii) **It is the responsibility of the Dentist to design all prosthetic cases.** Consultation services are available at all Regional Dental Laboratories. Please draw the design on study casts. They should be sent along with final master casts.

(iv) Use black pencil for surveyed lines.

(v) Please survey and tripod the final casts.

(vi) Please make explicit instructions: facings, tubeteeth, all metal pontics, metal with plastic surfaces, etc.

(vii) Insure that final master casts have proper rest preparations and occlusal clearance.

(f) **Fixed Prosthetics. Crown and bridge is considered accessory care and is not encouraged in the Bureau and is assigned a very low priority. The Regional Dental Consultant must approve all minor crown and bridge cases (four units or**

less) in advance. Contact the lab to see if the case can be completed in the time required. Then contact the RDC via memorandum for documented approval. Any major crown and bridge cases (five units or more) must be approved by the Chief Dentist

and the Medical Director through the Warden and the Regional Director. A copy of the approval memorandum from the RDC must accompany the prescription.

(i) Take **full arch** impressions using either a polyether or vinyl polysiloxane impression material.

(ii) Send **full arch** casts poured in die stone (do not incorporate dowel pins and do not remove from impression)

(iii) Use self-curing acrylic for bite registration records.

(g) **Relines. Prior to impression, reduce flanges about 3mm and eliminate undercuts for easier separation of impression.** Box, pour, and trim cast. Do not separate.

(h) **Repairs.** Always pour a matrix. For certain repairs (missing teeth or broken clasp), an impression should be made with the prosthesis seated in the mouth. Don't forget to send an opposing cast if necessary.

(i) **Other Requirements.** Any laboratory support requirement of a nature, not specified in these procedures, will be communicated in advance to the Laboratory Director or the Regional Dental Consultant. No work will be commenced until approval is obtained. **No rush cases will be started without permission and consultation with the Dental Laboratory Director.** If the patient is scheduled to leave the system shortly (10 weeks), the Laboratory Director should be consulted before beginning the case. If a patient transfers while the case is in progress, the CDS should determine through SENTRY the inmate's destination and route the case to that institution.

(5) Packaging and Mailing. **Proper infection control procedures should be completed prior to shipping. All prostheses must be disinfected (as if from a high risk patient) before shipment to the Regional Dental Laboratory.** Casts and prosthesis should be placed in a plastic bag or nylon pouch to prevent contamination of the shipping box, foam insulation, or paperwork. Unmounted cases should be packed back-to-back in approved dental mailing boxes. The completed laboratory prescription and jaw relation record must be included with the master casts. Diagnostic casts may have to be sent in a separate box. Please trim models to fit in the box properly. If an accumulation of mailing boxes occurs, please forward them to the designated laboratory.

(6) If an inmate leaves Bureau custody prior to the

delivery of Bureau fixed or removable prosthetics, they may be shipped to the dentist of the inmate's choice.